

# Equality Impact Assessment Screening Form

Please ensure that you refer to the '[Screening Form Guidance](#)' while completing this form. If you would like further guidance please contact the Equalities Officer – Dionne Llewellyn.

<b>Section 1</b>
What service area and directorate are you from?
Service Area: Economic Development
Directorate: Customer Services

**Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(b) Please name and describe below**  
 Non Domestic Rates - Revaluation Rate Relief (Allocation to Viable and Vibrant Places Enterprise Project)

**Q2(a) WHAT DOES Q1a RELATE TO?**

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<input type="checkbox"/> (H)	<input checked="" type="checkbox"/> (M)	<input type="checkbox"/> (L)

**(b) DO YOUR CUSTOMERS/CLIENTS ACCESS THIS SERVICE...?**

Because they need to	Because they want to	Because it is automatically provided to everyone in Merthyr	On an internal basis i.e. Staff
<input type="checkbox"/> (H)	<input checked="" type="checkbox"/> (M)	<input type="checkbox"/> (M)	<input type="checkbox"/> (L)

**Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING...**

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Age	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or (non-)belief	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh Language	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carers	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community cohesion	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Q4 Have you / will you undertake any public consultation and engagement relating to the initiative?**

Yes       No (If no, you need to consider whether you should be undertaking consultation and engagement – please see the guidance)

If yes, please provide details below

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**Q5(a) HOW VISIBLE IS THIS SERVICE/FUNCTION/POLICY/PROCEDURE/ PROJECT/ STRATEGY TO THE GENERAL PUBLIC?**

High visibility  
to general public

(H)

Medium visibility  
to general public

(M)

Low visibility  
to general public

(L)

**(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION?  
(Consider the following impacts – legal, financial, political, media, public perception etc...)**

High risk  
to reputation

(H)

Medium risk  
to reputation

(M)

Low risk  
to reputation

(L)

**c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?  
If so, please identify what and how?**

**Q6 HOW DID YOU SCORE?**

*Please tick the relevant box*

**MOSTLY H and/or M → HIGH PRIORITY →  EIA to be completed  
Please go to Section 2**

**MOSTLY L → LOW PRIORITY / NOT RELEVANT →  Do not complete EIA  
Please go to Q7 followed by Section 2**

**Q7 If after completing the EIA screening process you determine that this service/function/policy/project is not relevant for an EIA you must provide adequate explanation below (Please use additional pages if necessary).**

As this is not affecting the general public and the grant assistance is available to all independent business in the VVP area it will not adversely affect anyone, however the rate relief grant allocation is limited, so it will be first come basis.

**Section 2**

NB: Please send this completed form to obtain email approval from your Head of Service.

Screener- This to be completed by the person responsible for completing this screening
Name: Rhian Prosser
Location: Unit 5
Telephone Number: 01685 725106
Date: 30.10.14
Approval by Head of Service

# Equality Impact Assessment Screening Form

Name: Alyn Owen

Position: Head of Economic Development

Date: 08.10.14